

Name
is
Full

Leir's Brookbank.

9

CERTIFICATE OF DEATH

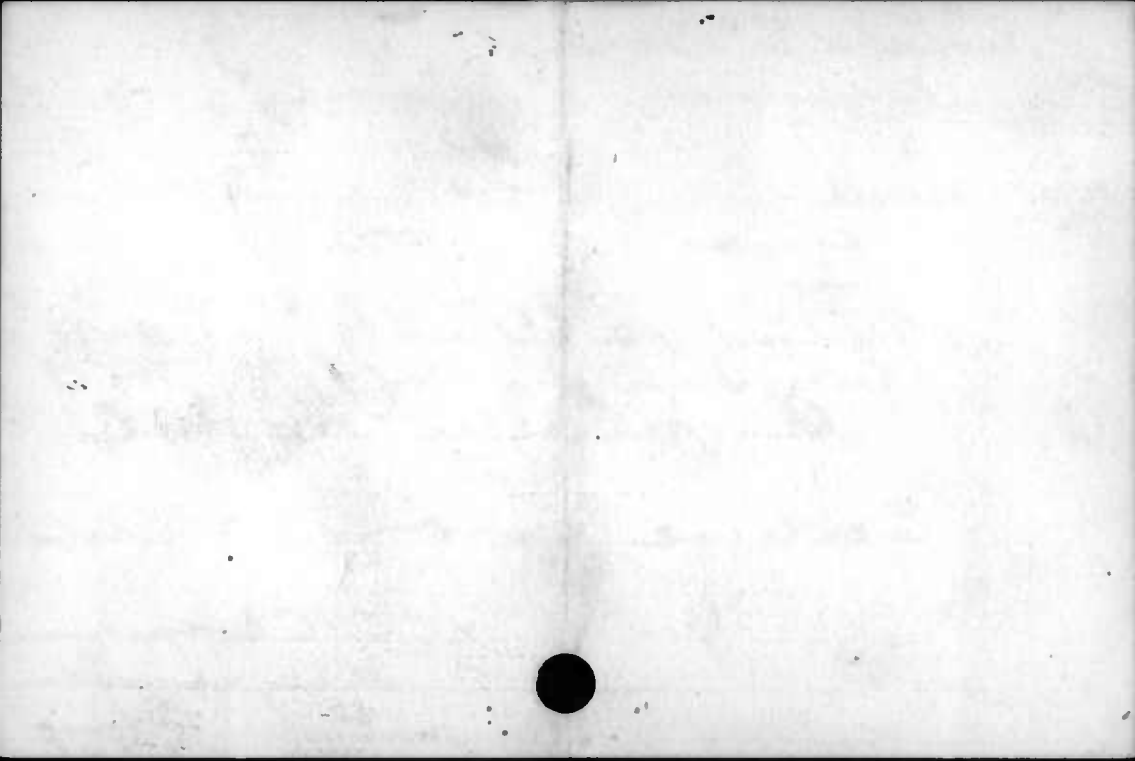
TO BE ANSWERED BY
NEAREST FRIEND

Died at		La Plata ^{Town}		Chocoma ^{County}		MARYLAND	
Date of death 190 3	Month July	Day 3 rd	Age 64	Years 11	Months 12	Days 12	
Sex Male	Color or Race White		Birth- place Charlotte Har				
Married, Single or Widowed Married		Occupation Farmer.					
Name of Wife or Husband Catherine Jane							
Father's Name Elias Brookbank				Father's Birthplace			
Mother's Maiden Name Don't know				Mother's Birthplace			
Name of person giving In formation Dorsey A Ward - 64				How related to deceased Sister in Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemnace	How long	
Immediate	Paralysis	How long	about 4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Thos. J. Owen, M.D.	
		Address	
		La Plata	
		Ind	
Accident or Suicide?			



Name
In
Full

Richard E Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bryantown		County Cherokee		MARYLAND	
Date of death 190	3	Month 7	Day 27	Age Years 7	Months 9	Days —	
Sex	Male		Color or Race	Negro		Birth- place	Ind
Married, Single or Widowed				Single			
Name of Wife or Husband				—			
Father's Name				Richard Butler		Father's Birthplace	Ind
Mother's Maiden Name				Lucy Smallwood		Mother's Birthplace	Ind
Name of person giving In formation				Richard Butler		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Euteric fever		How long	2 weeks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. L. Chappin
			Address	Highway 11 Ind
Accident or Suicide?				



Name
in
Full

Ruth Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Cross Roads* Town *Charles* County *MARYLAND*

Date of death 190*3* Month *July* Day *20th* Age *1* Years *31* Months *1* Days *31*

Sex *Female* Color or Race *Black* Birth-place *Charles co*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name *Calton Carroll* Father's Birthplace *Charles co*

Mother's Maiden Name *Priscilla Datcher* Mother's Birthplace *Charles co*

Name of person giving information *John Datcher* How related to deceased *Grand father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

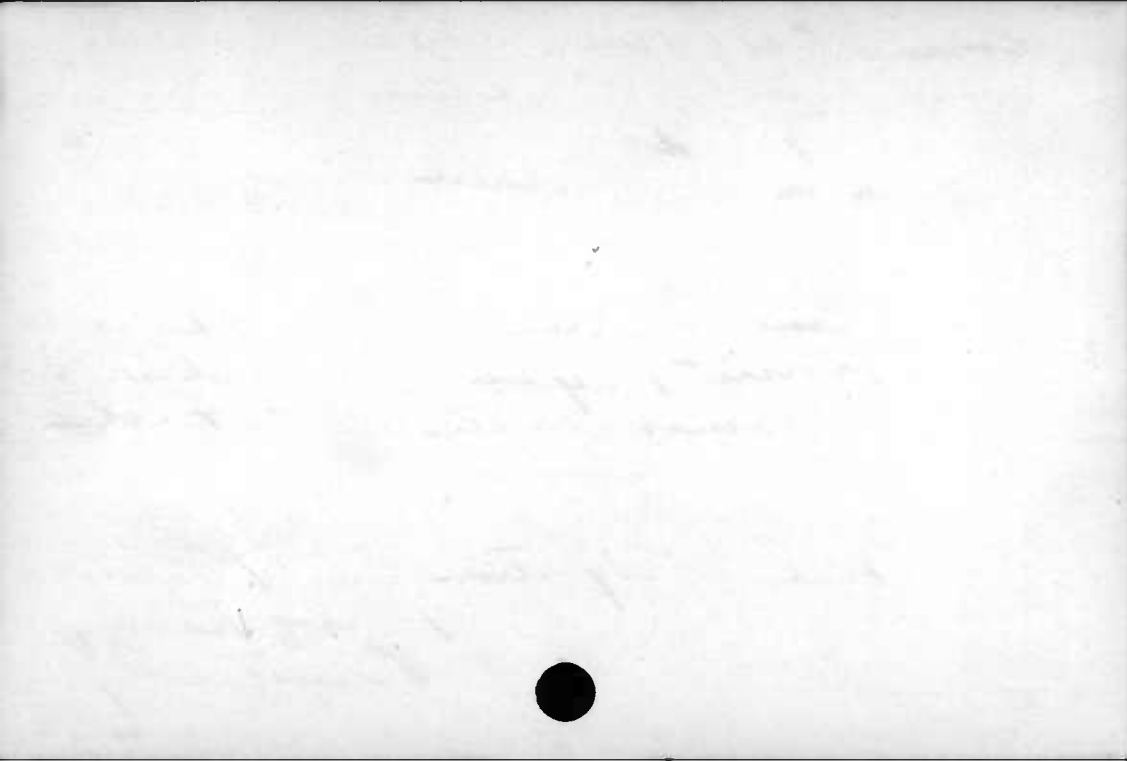
Primary *Too Very Young* 151 How long *Sick 4 days*

Immediate *Did not know* How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician *No Dr in attendance*

Address _____

Accident or Suicide? _____



Name
in
Full

Emma Elizabeth Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died in <u>San Pompey</u> Town		<u>Charles</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>20</u>	Age	Years	Months <u>—</u> Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>James Carter</u>			Father's Birthplace <u>Charles Co.</u>		
Mother's Maiden Name <u>Harriet Taylor</u>			Mother's Birthplace <u>Charles Co.</u>		
Name of person giving information <u>James Carter</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Acute Indigestion</u>	How long <u>105</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Harry Kelley</u>
	Address <u>Piscataway</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

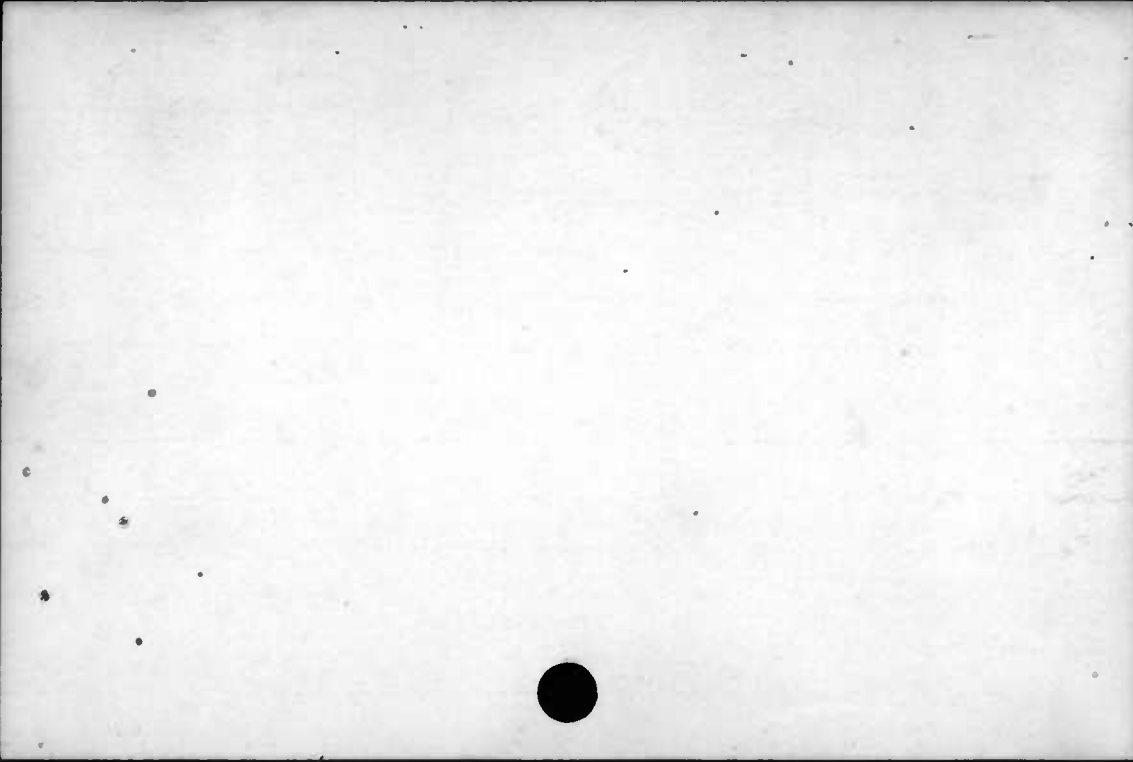
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Jane Collins</i>		Town <i>Mason Springs</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>7</i>		Day <i>9</i>	
Age <i>65</i>		Years		Months		Days	
Sex <i>White</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Married, Single <input checked="" type="checkbox"/> Widowed		Occupation <i>None</i>					
Name of Wife or Husband		<i>George Collins</i>					
Father's Name		<i>Levi Boswell</i>				Father's Birthplace <i>Ind</i>	
Mother's Maiden Name		<i>Mary Boswell</i>				Mother's Birthplace <i>Ind</i>	
Name of person giving information		<i>Halter Collins</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Complication</i>	How long	<i>3 years</i>
Immediate	<i>Aschemia & Dropsy</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Paul L. Hamon</i>	
<i>Yes 79</i>		Address <i>Mason Springs Ind</i>	
Accident or Suicide?			



Augusta Day

Town

County

Died at Sterport

Charles

MARYLAND

Date 1903 July 29

Month

Day

Age

Y.

M.

D.

Native of

Occupation

- - 14

Md

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Lorrioday

Mother's

Maiden Name

Alice Middleton

Cause of

Primary

Cholera Infusum

How long sick

48 hrs.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. L. Lucile M.D.

Address

Sterport

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thos. Henry Day

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

June 15

Age

- - 11

Ind

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Lorris Day

Mother's

Maiden Name

Alice Middleton

Cause of

Primary

Deficiency 150

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. P. Currie M.D.

Address

Seaford

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Geo. W. Downes

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Pomunkey

Charles

Age

68-

-McC-

Farmer

Male

White

Married

Widow

Divorced

~~Foreign~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Lana A. Haller

Father's

Mother's

Name

Geo. Downes

Maiden Name

Sophie Monroe

Cause of

Primary

Cancer of the face

How long sick

18 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. Mitchell M.D.

Address

Pomunkey McC-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

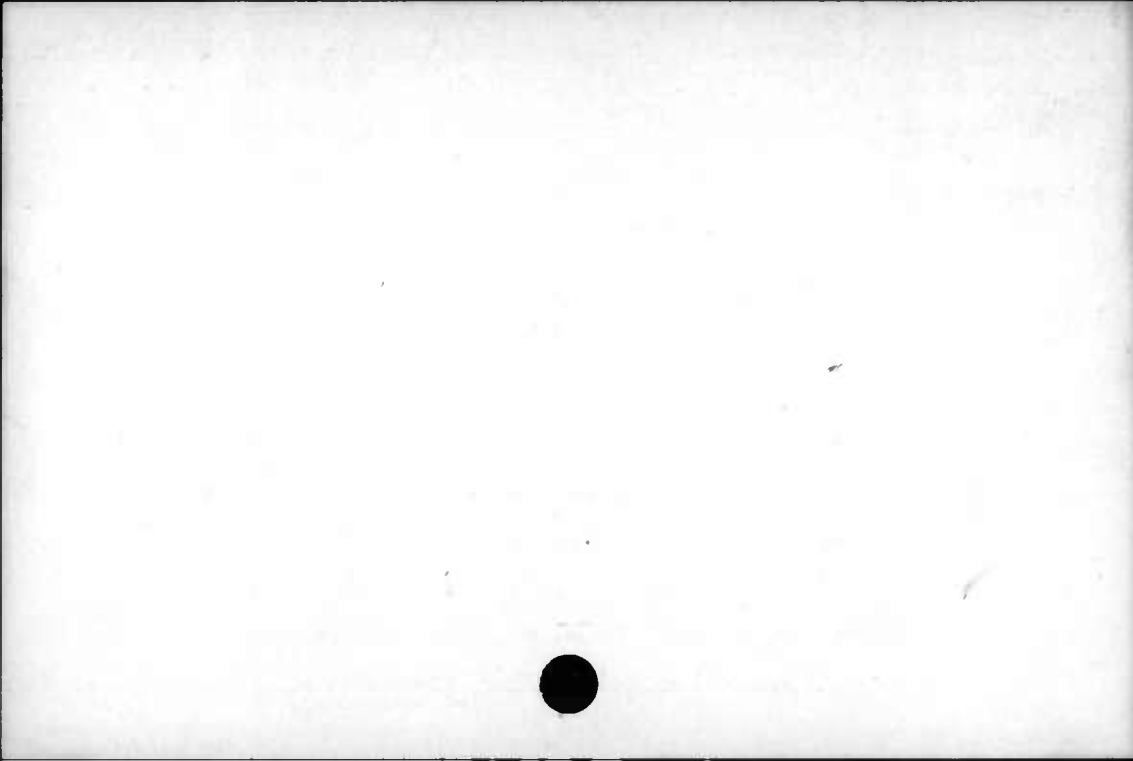
TO BE ANSWERED BY
NEAREST FRIEND

Washington			Jacks			Town			County			MARYLAND		
Died at near La Plata			Charles			Date of death 190 3			Month July			Day 26		
Age 25			Years 25			Months —			Days —			Sex Male		
Color or Race Colored			Birth-place Charles Co			Married, Single or Widowed Single			Occupation Helper on farm			Name of Wife or Husband		
Father's Name Thos. Jacks			Father's Birthplace Charles Co			Mother's Maiden Name Rachel Smith			Mother's Birthplace Charles Co			Name of person giving information Emma Smallwood		
How related to deceased Sister														

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever			How long 2 weeks		
Immediate Acute Peritonitis			How long 2 days		
Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician Thos. S. Quinn, M.D.		
La Plata			Address Md		
Accident or Suicide?					



Name in Full

Certificate of Death

unmarried Lee

Died at ^{Town} Welcome

County chot

MARYLAND

Date 1908 ^{Month} 7 ^{Day} 26 ^{Age} ^{Y.} ^{M.} ^{D.} ^{Native of} chot ^{Occupation} none

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Premature Birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

James Lee 151 Father

Address

Welcome Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Reported by
Wm. F. Browne
Sub Ref

Name in Full <i>Kitty Ann Lyles</i>		Town <i>Charles</i>		County		CERTIFICATE OF DEATH	
Died at		Month		Day		MARYLAND	
Date of death 1903		7		22		Age 3	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Robert Lyles</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Acacia Jones</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Robert Lyles</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
Primary <i>Tuberculosis</i>		How long <i>2 yrs.</i>					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. S. Hunt M.D.</i>		Address <i>Fiscatomay Md.</i>			
Accident or Suicide? <i>_____</i>							



Name
in Full

Infant-Child MANKINS

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 190

3

Month

July

Day

2

Age

Years

Months

Days

2

Sex

female

Color or
Race

Black

Birth-
place

Charles Co

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Ernest Mankins

Father's
Birthplace

Chas Co

Mother's
Maiden Name

Schalott Gumpfer

Mother's
Birthplace

111

Name of person giving
information

Ely Mankins

How related
to deceased

uncle

CAUSES OF DEATH

Primary

7 month child

How long

Immediate

and afflicted 151

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

No Dr in attendance

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Murry Mantkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Dorchester</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>14</i>	Age <i>1</i>	Years <i>1</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Charles County</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Ernest Mantkins</i>			Father's Birthplace <i>Charles County</i>		
Mother's Maiden Name <i>Shalott Juniper</i>			Mother's Birthplace <i>1 C C A</i>		
Name of person giving In formation <i>Ernest Mantkins</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Spasms</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. A. H. Speake</i>	
		Address <i>Gayton Charles</i>	
Accident or Suicide?		<i>attended</i>	



Name In Full

Certificate of Death

Henry Middleton

Town

County

Charles

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

July

26

Age

25

Ma

Labourer-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Henry Middleton

Mother's
Maiden Name

Evelyn M. Middleton

Cause of

Primary

Tuberculosis

How long sick

5 months

Death

Immediate

exhaustion

27

Accident, Suicide, Homicide

Reported by

A. J. Smith M.D.

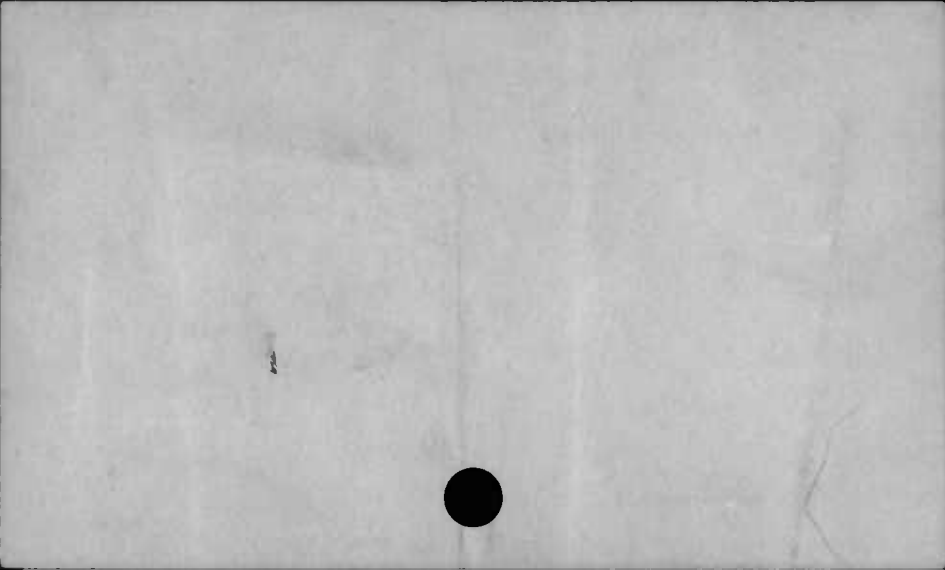
Address

Cockeys

Charles C. - No

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Name in Full

Certificate of Death

Bernadine Roberts

Town

County

Died at Indian Head Charles - MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	July	5	-	-	-	Md	None

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of Not married

Father's Name	Mother's Maiden Name
Jos. F. Roberts	Margaret Murray

Cause of	Primary	How long sick
Death	Ileo-Colitis	10 days

Immediate

105

Accident, Suicide, Homicide

Reported by J. W. Mitchell M.D.

Address Potomac Head

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ruth May Southerland

CERTIFICATE OF DEATH

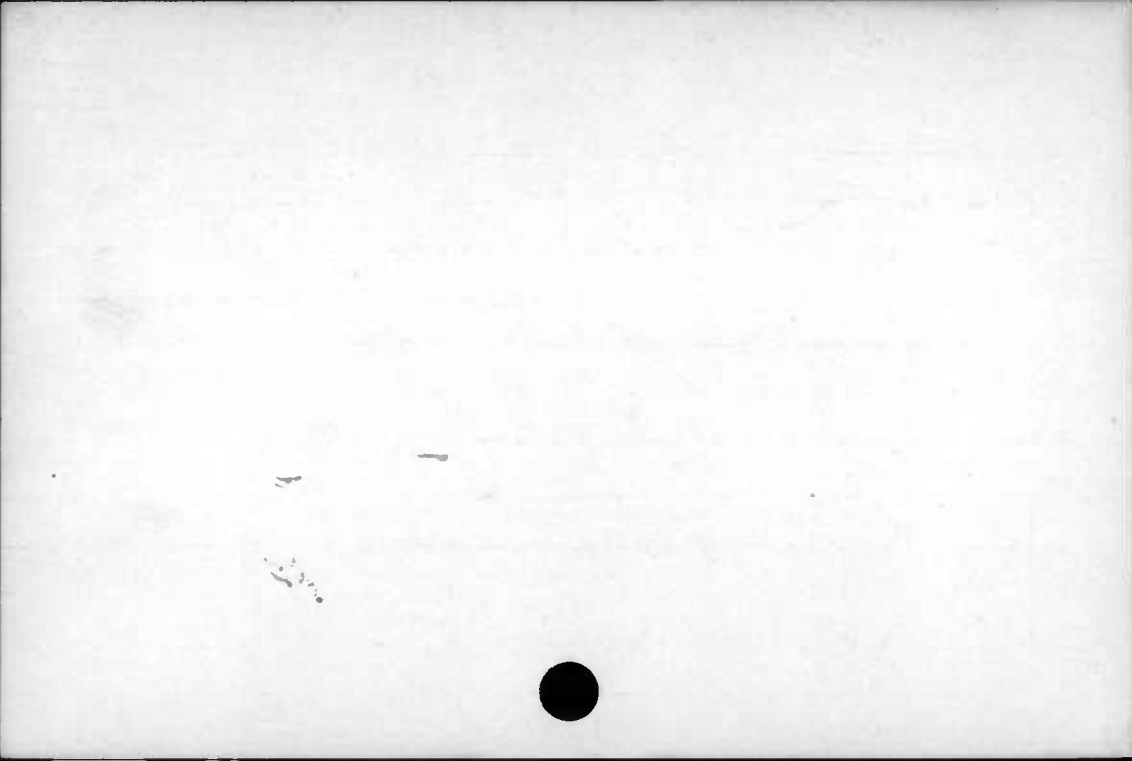
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near P. 100 ft</i>		County <i>Charles</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>1</i>	Age	Years <i>3</i>	Months <i>6</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charles co Md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Burns Southerland</i>			Father's Birthplace <i>Charles co</i>		
Mother's Maiden Name <i>Nellie Thomas</i>			Mother's Birthplace <i>Balt Md</i>		
Name of person giving information <i>Theadora A Southerland</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10 day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>105</i>	
		Address	
Accident or Suicide?			



Benjamin Swawn

Town

County

Died at

Oakley

Charles

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 15

Age

43 yrs

Charles

Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~

Wife

Father's

Name

Chapman Swawn

Mother's

Maiden Name

Joanna Proctor

Cause of

Primary

Edematous Laryngitis

How long sick

10 days

Death

Immediate

Exhaustion

88

~~Accident, Suicide, Homicide~~

Reported by

Thos. S. Owen, M.D.

Address

La Plata

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary E Swanson

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

7 16

Age 84

Maryland Housewife

~~Male~~

White

~~Marr~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living home

~~Husband~~

Wife John Swanson

Father's

Mother's

Name

Benj Ford

Maiden Name

Sarah Higgin

Cause of

Primary

Rheumatism

How long sick

5 yrs.

Death

Immediate

Heart trouble

Accident, Suicide, Homicide

Reported by

J. L. Higdon

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Sarah Thomas

CERTIFICATE OF DEATH

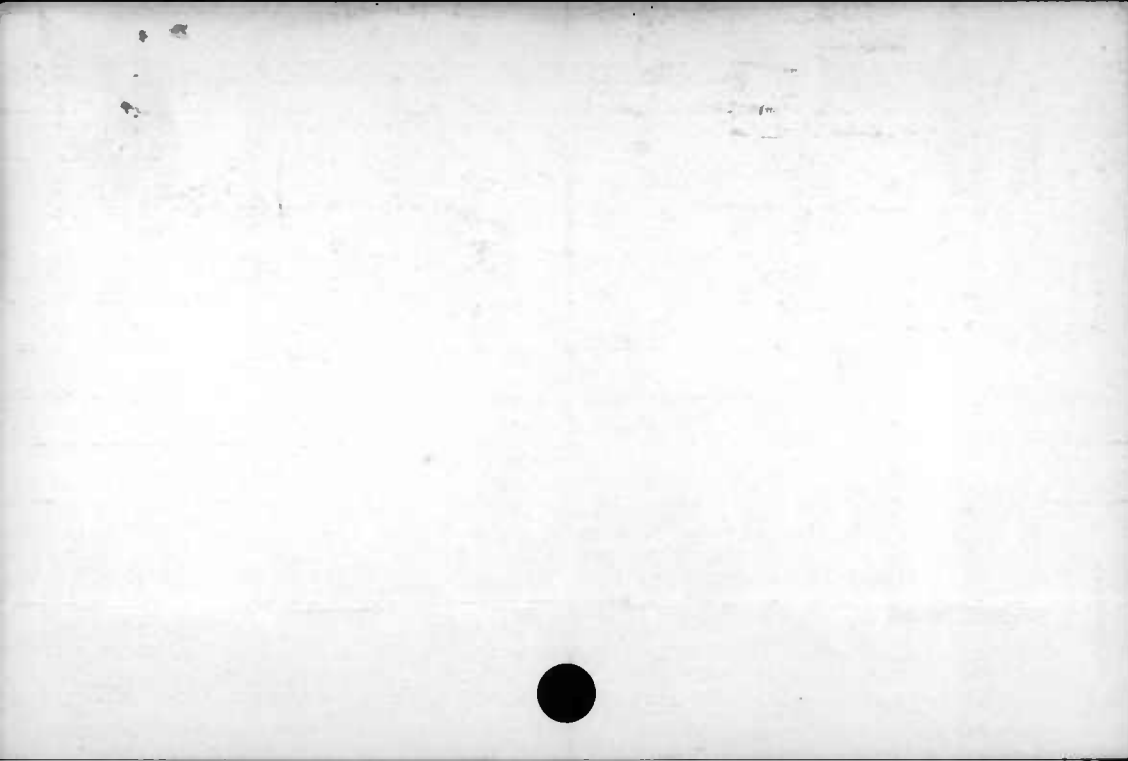
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wicomico</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>6</i>	Age	Years	Months <i>7</i> Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Wicomico md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>John Thomas</i>			Father's Birthplace <i>Chas Co</i>		
Mother's Maiden Name <i>Francis Ford</i>			Mother's Birthplace <i>Chas Co</i>		
Name of person giving information <i>John Thomas</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>two months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Mary Washington

CERTIFICATE OF DEATH

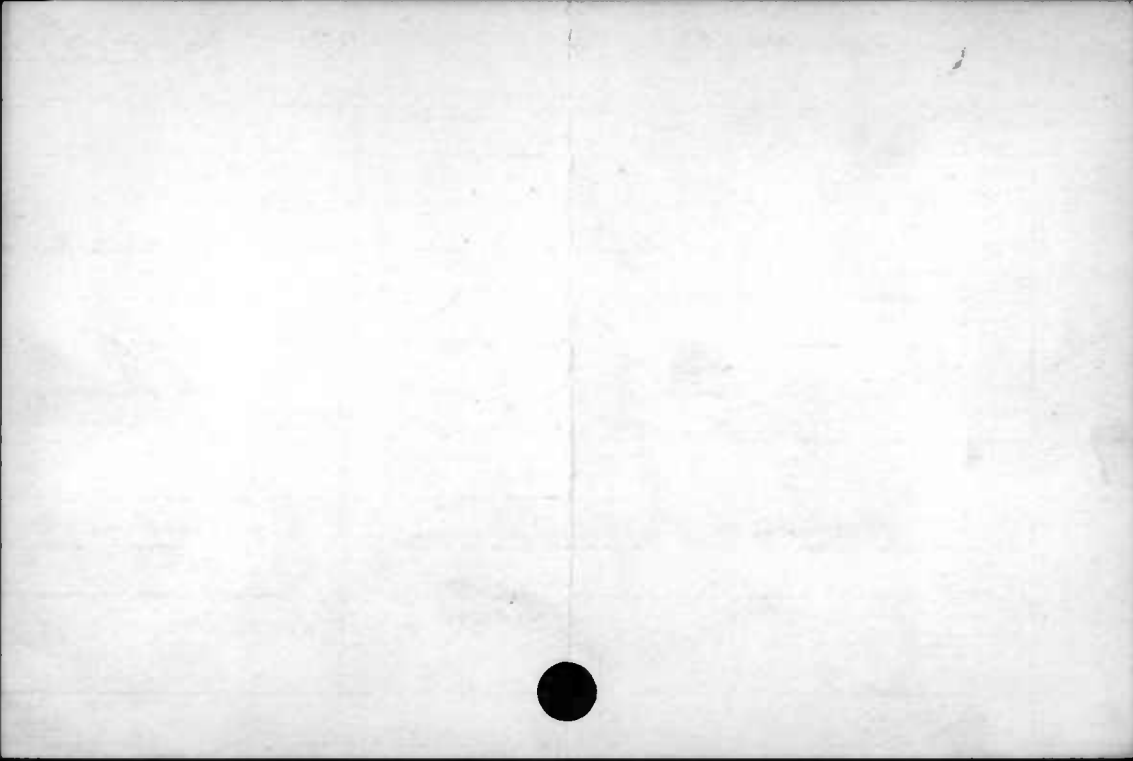
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pomonkey</u> Town		<u>Charles</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>21</u>	Age <u>44</u>	Months <u>8</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>C</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed			Occupation <u>Wife</u>		
Name of Wife or Husband <u>William Johnson</u>					
Father's Name <u>William Washington</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Sarah Brown</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>William Johnson</u> <u>Husband</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Phthisis Pulmonalis</u>	How long	<u>5 or 6 years</u>
Immediate	<u>Aschemia Cordis</u>	How long	<u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Samuel L. Hannon</u>	
<u>Yes</u> <u>27</u>		Address <u>Mason Spring</u> <u>Ind.</u>	
Accident or Suicide?			



Name
in
Full

Eliza Hood

CERTIFICATE OF DEATH

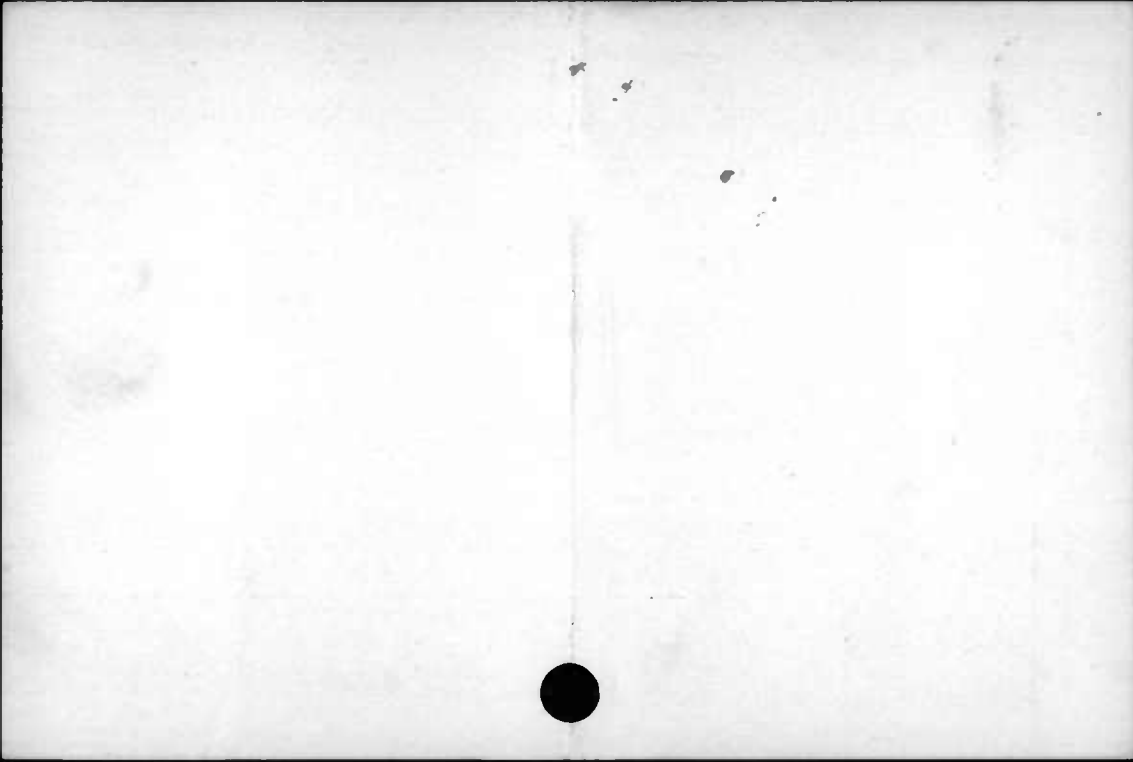
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Phipps		County Charles		MARYLAND	
Date of death 1903		Month 7	Day 5	Age Years		Months 2	Days
Sex Female		Color or Race C		Birth- place Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Thomas Wood				Father's Birthplace Md			
Mother's Maiden Name Eva Beel				Mother's Birthplace Md			
Name of person giving In formation Sydney Beel				How related to deceased Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum		How long 2 weeks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes 105		Signature of Physician S. L. Hume	
		Address Mason Springs	
Accident or Suicide?			



Name
in
Full

Jm Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Pomfret

Town

Charles

County

MARYLAND

Date

of death 1903

Month

7

Day

5

Age

Years

Months

2

Days

Sex

male

Color or
Race

C

Birth-
place

md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Thomas Wood

Father's
Birthplace

md

Mother's
Maiden Name

Eva Bell

Mother's
Birthplace

md

Name of person giving
In formation

Sydney Bell

How related
to deceased

Grand father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

105

Signature of
Physician

Address

J. L. Hargy
Hason Springs
Md.PHYSICIAN
OR CORONER

Accident or Suicide?

